



IEHP UM Subcommittee Approved Authorization Guideline			
<b>Guideline</b>	Transportation Criteria	<b>Guideline #</b>	UM OTH 11
		<b>Original Effective Date</b>	02/14/2018
<b>Section</b>	Other	<b>Revision Date</b>	9/14/23

### COVERAGE POLICY

1. This guideline addresses Non-Emergent/Non-Transportation (NEMT/NMT) as per APL 22-008
2. NEMT services are a covered Medi-Cal benefit when they are prescribed in writing by a physician, dentist, podiatrist, mental health provider, substance use disorder provider, or a physician extender, for the purposes of enabling a member to obtain medically necessary covered services or pharmacy prescriptions authorized by Medi-Cal Rx.
3. NMT must also be provided for Medi-Cal services not covered by IEHP including mental health, substance use disorder, dental or other services delivered through Medi-Cal fee-for-service (FFS) delivery system. NMT is available for picking up drug prescriptions that cannot be mailed directly to the member. It is also available for medically necessary covered services and for member pick up of medical supplies, prosthetics, orthotics and other equipment. There are services that Members can self-direct to such as Dental and Pharmacy. Inland Empire Health Plan (IEHP) will assist with NEMT/NMT when reasonable and necessary to services that the Member has self-directed to.

### COVERAGE LIMITATIONS AND EXCLUSIONS

When Medi-Cal is a covered service NMT is subject to utilization controls and permissible time and distance standards. Inland Empire Health Plan will not provide out of network/out of area NEMT/NMT unless there is a prior authorization in place.

NMT requested must be the least costly method of transportation that meets the Member's needs.

Inland Empire Health Plan may not provide out of network/out of area NEMT/NMT for Members with other primary healthcare coverage (OHC) other than Medi-Cal.

NMT does not cover trips to a non-medical location or for appointments that are not medically necessary.

### CLINICAL/REGULATORY RESOURCE

APL-22-008

### DEFINITION OF TERMS

Other Health Care Coverage- Members with Medicare Fee for Service or any commercial health care that is considered primary coverage.

## **REFERENCES**

1. All Plan Letter 22-008: Non-Emergency and Non-Medical Transportation Services and Related Travel Expenses. Revised May 5, 2022.

## **DISCLAIMER**

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.